

# The Public Health Significance of the U. S. Cadet Nurse Corps

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THE country's nursing shortage must be attacked as a production problem. As essential to the war as are planes, guns, and ships, the nurse is a guardian of the national health and the welfare of our fighting men.

Passed unanimously by the Congress in June of this year, the Bolton Act is keyed in its administration to the production of more nurses in a record period of time. The production goal for 1943 has been set as 65,000 new student nurses.

To provide the same amount of nursing care per patient in 1944 as in 1941, 115,000 new students would have to be admitted to schools of nursing this year. The compromise number, 65,000, was necessitated by the realities of the situation. This figure is a minimum which must be met unless the machinery of the nursing services is to break down. By whatever number the goal is surpassed, hospitals and public health services will benefit in direct proportion. If the goal is not met, every hospital and public health service will feel the pinch more this year and even more next year.

Public health services are vitally concerned with the adequacy of nursing care in hospitals. The public health of the nation depends upon proper medical and nursing care. This care is a basic consideration in maintenance of the public health.

Most of the 1,300 nursing schools, or production plants, in the country are operated by hospitals. A complete business cycle is represented in this system of operation. The hospital is the owner and operator of the plant and among the chief consumers of the product, which is the graduate nurse, and of the by-product, the student nurses' services. Hospitals without nursing schools are dependent on the 1,300 manufacturing plants. The success of the 1,300 schools in meeting the 65,000 goal will have a very direct bearing on the continuing existence of some of the 6,500 hospitals and of the continuing services of many.

During wartime, the federal government becomes a large consumer of nurses and leaves the hospitals with a shortage. Also, the government is concerned with the public health on the home front in its application to industrial production and its effect on the morale of the armed forces. As a consumer, necessarily concerned with the output, the government, through Congressional action, has stepped in as a financial investor in the nurse production plants.

In giving financial assistance in the production of nurses, the government has found it wise to use existing schools operating their own policies. The schools are responsible, under the Bolton Act, for admitting more students

and preparing them in shorter time. Production in the U. S. Cadet Nurse Corps of the same quality of nurses as before should evolve from this acceleration. Educational standards will be maintained.

Under the accelerated training programs required for the Corps by the Bolton Act, all essential instruction and experience must be condensed into 24 to 30 months. An extra 6 to 12 months of supervised practice is provided if required for registration by the state or for graduation by the school. This additional time is known as the Senior Cadet period.

The Senior Cadet may be transferred to a civilian hospital, federal hospital, public health agency, or may remain in the "home" hospital to replace a graduate nurse.

Public health and visiting nurse services will benefit directly by procuring Senior Cadet nurses, who have received full classroom and clinical experience and are available for full-time practice under supervision. It should be understood that the type and kind of supervised experience must be acceptable to the home school and the State Board of Nurse Examiners. Public health agencies, desirous of procuring the services of Senior Cadet nurses, should deal directly with the nursing schools in their areas.

On reaching the senior period, Cadets leave the ranks of students and make way for new students. Production will be increased through accelerated programs only if the Senior Cadet is removed from the school's housing and educational facilities. Retention of the Senior Cadet in the school would be comparable to the clogging of an assembly line with completed planes for six months.

Thus, shortening of the time element is the first step toward achievement of wartime production. Raw material to feed the processing machine must be

amassed next to make the speed-up economically sound. The U. S. Cadet Nurse Corps recruitment program is progressing very satisfactorily. By the end of September, almost 800 schools of nursing had been accepted into the Corps program. Approximately 80,000 students in these schools were expected to join the Corps, with about 41,000 of that number new students. More applications are being approved every day.

Recruitment has been supported by national, state, and local nursing councils, schools, hospitals, and others interested in the nursing profession. Information centers have been established in all hospitals to provide candidates with material on the Corps and on schools of nursing.

Acceleration and recruitment by themselves will not accomplish the production goal. They must be accompanied by expansion of educational facilities. As a beginning, existing facilities must be used to their greatest capacity, a capacity which is greater than many schools have yet recognized. Then, many schools have one bottleneck service which hinders maximum output. These must be removed by affiliation. Schools participating in the Corps must provide clinical experience in surgery, pediatrics, obstetrics, and medicine. Additions of a psychiatric affiliation by every school in the country would produce a 10 per cent increase in student enrollment in the year, if at the same time, the nurses' residences were kept filled. By negotiating new affiliations, the school improves and increases nursing services for its own patients and provides nursing service in the affiliating institution. Obviously, nursing care in psychiatric institutions would be greatly improved and the graduate nurse would be better prepared for the future. Other affiliations such as public health nursing and

communicable diseases offer parallel advantages.

Insufficient housing facilities must not be permitted to curtail student enrollment. Just as the factories of the country have met wartime demands, so the schools of nursing must avail themselves of every facility. They must expand their physical boundaries if necessary. Financial assistance for new construction or for alterations on a leased or purchased building may be secured quickly from the Federal Works Agency through the Lanham Act.

Schools are faced with still another impediment to expansion in the shortage of instructional personnel. The shop foreman is indispensable in the factory. The nurse educator must be considered in the same light. She should not be hindered by administrative or clerical work. Her efforts should be rewarded by ample salaries and recognition. Non-nurse instructors should be used as much as possible. Schools might pool personnel. Married nurses could work on a part-time teaching basis. Senior Cadets may act as assistants to nursing arts and clinical instructors.

All-expense scholarships in nurse education courses at colleges and universities have been made available through Bolton Act funds. Nursing schools have been urged by the Division of Nurse Education, U. S. Public Health Service, administrator of

the Corps program, to choose graduates to study for advanced positions and return to the "home" school to teach.

It is apparent, therefore, that all of these bottlenecks on the production front can be solved. The goal can be reached.

Great progress has been made in the program since the appropriation became available on July 16. Rules under which the Bolton Act is administered were formulated by an Advisory Committee, meeting with Dr. Thomas Parran, Surgeon General, U. S. Public Health Service. Represented on this committee were hospitals, nursing schools, universities; medical, administrative, and nursing professions.

The program has been publicized widely in all media of expression. Great credit is due the State Boards of Nurse Examiners for their work in liberalizing admission requirements, aiding in acceleration programs, recruiting students, and in placement of Senior Cadets. Coöperation in these problems has also been given by state and local nursing councils.

Success at the outset of the program has been realized. Now we must look to the future. There is more work to be done before the nurse shortage problem is solved. Continued coöperation by all professional groups is necessary to the success of the program. We cannot afford to fail.